

ABOVEGROUND PETROLEUM STORAGE ACT (APSA) PROGRAM GRANT APPLICATION

1. Entity Information:

Name of Grantee:
Name of Project Director:
Address:
City, Zip:
Phone:
Fax:
E-Mail:
Name of Grant Contact (if applicable):
Address:
City, Zip:
Phone:
Fax:
E-Mail:

2. Grant Amount:**3. Work plan: (Scope of Work)**

The CUPA shall develop a work plan as part of this grant application. The work plan will describe the CUPA's implementation activities and tasks and a timeline (spreadsheet) that delineates critical and completion dates of the activities and tasks.

The work plan shall include a brief narrative summary for each activity and task that clearly describes the activity or task and depicts the steps that will be taken or the methods to be used for completion. The descriptions should include as much detail as necessary to depict the CUPA's overall implementation efforts through the period of the grant. The narrative summaries shall also include a discussion of the expected completion dates of each activity and task. The list of activities and tasks provided below should be used as a reference to ensure that all applicable implementation activities are addressed.

A timeline (simple spreadsheet format) shall be developed to depict the critical milestones and expected completion dates for each activity and task identified in the work plan.

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4. Projected Budget:

Direct Program Costs:

*Personnel Services	\$
Operating Expenses (prorated for project)	\$
Travel Expenses	
Supplies/Materials (less than \$5,000 per item)	
Equipment (\$5,000 or more per item)	\$
Professional/Consultant Services	\$
Indirect Cost (%) (Rate applied to Personnel Services only)	\$
TOTAL	\$

*Salary is based on hourly rate and includes fringe benefits.

5. CERTIFICATION

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge and that I am an employee of the applicant authorized to submit the application on behalf of the applicant. I further understand that any false, incomplete, or incorrect statements may result in the disqualification of this application. By signing this application, I waive any and all rights to privacy and confidentiality of the proposal on behalf of the applicant, to the extent provided in this program.

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Applicant Signature

Date

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Printed Name of Applicant